



LEARN TO SKATE ENROLLMENT

300 ELM STREET | MEDFORD, MA 02155
(781) 396-8500 | f. (781) 396-8502 | www.flynnrink.com

Fall 2010 Classes Offerings

Monday 4:00 – 4:40 p.m. All Ages
Tuesday 9:30 – 10:10 a.m. Ages 3-6/ ADULT
Saturday 2:20 – 3:00 p.m. All Ages
3:10 – 3:50 p.m.

PLEASE PRINT CLEARLY

PARTICIPANT: _____

PARENT/GUARDIAN: _____

PARTICIPANT'S DOB: _____

PARTICIPANT'S AGE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ EMERGENCY PHONE: () _____

E-MAIL ADDRESS: _____

DESIRED DAY OF WEEK: _____ TIME: _____

SKATING LEVEL (please circle one):

BEGINNER If circled, do they skate backwards? Yes / No TOT (Ages 3-6)

BASIC 1 2 3 4 5 6 7 8 Free Skate 1 2 3 4 5 6 ADULT

ENCLOSED IS: Learn to Skate Program Fee ☐ \$99 per skater
Annual Registration Fee* ☐ 1st Child- \$25 ☐ 2nd Child - \$15 ☐ 3rd Child - \$10
TOTAL \$ _____

* 2010 Annual Registration Fee is valid September 1st thru August 31st 2011

Checks can be made payable to **Flynn Rink**

Visa and MasterCard Accepted. # _____ **Exp Date:** _____

NOTE: NEITHER THE FLYNN RINK, STAFF OR VOLUNTEERS ARE RESPONSIBLE FOR ITEMS LOST, STOLEN OR MISPLACED.

I, the parent/guardian of the above named boy/girl give my approval for his/her participation in the FLYNN RINK programs. I do hereby release, absolve, and hold harmless the FLYNN RINK, its directors, staff, organizers, sponsors, coaches, volunteers and anyone connected with the programs. In the case of injury, I hereby waive all claims against the aforementioned persons. I have read and understand all the above information. I will abide by the policies set forth by the FLYNN RINK.

PAYMENT/REFUND POLICY: Enrollment is based on a first come, first serve basis. All Learn to Skate enrollments must be paid in full at time of enrollment. All deposits/payments are non-refundable unless the program is cancelled or authorized by a program director. Annual Registration Fee is non-refundable.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: AMT. PAID\$ _____ CASH _____ CHECK # _____
CC# _____ CC EXP. _____
CC NAME _____ BALANCE DUE _____
BALANCE DUE DATE _____ ENTERED _____ CSR INITIALS _____